

471-000-19 Form DM-27MR-S, "ICF/MR Annual Onsite Review Summary Report" and Completion Instructions

Use: HHS Medicaid staff use Form DM-27MR-S, "ICF/MR Annual Onsite Review Summary Report" to report findings and recommendations following the annual onsite review of intermediate care facilities for persons with mental retardation (ICFs/MR).

These instructions address use of a trial version of Form DM-27MR-S.

Facilities may submit comments on the format of the trial version; these comments should be kept separate from the responses to the report. Comments regarding the format may be sent with the report or addressed to Long Term Care Unit, Health and Human Services Finance and Support, P.O. Box 95026, Lincoln, NE 68509-5026.

The annual onsite review process, including the report and findings, are based on the following regulations:

- Federal regulations at 42 CFR 435.1009, 440.150, 456 Subpart F and 483 Subpart I;
- Nebraska Medicaid regulations in 471 NAC 31-000; and
- Nebraska ICF/MR licensure regulations at 175 NAC 17.

Responses to the Report: The trial version of Form DM-27MR-S uses an outline format to aid in responses. The following information is required on facility responses to the report:

1. The signature of the facility administrator, or his/her representative, is required on the first page of the response to the report;
2. A response is needed in Sections I through IV for each area marked "Needs Improvement" or "Acceptable with Exceptions;"
3. The report may cite "examples" of issues found with some, but not all, individuals. The response must address the issue, not each individual instance cited as an example. A proactive solution to recurring problems is acceptable; and
4. A response is needed to all findings/recommendations in Sections V through VII, unless marked "No Response Needed."

ICF/MR ANNUAL ON-SITE REVIEW SUMMARY REPORT

For
Facility Name
Address

Dates of Review

Individuals Reviewed

I. Professional Services

- A. Physician Services –
- B. Nursing Services –
- C. Dental Services –
- D. Social Services –
- E. Dietary Services –
- F. Pharmacy Services –
- G. Physical Therapy Services –
- H. Occupational Therapy Services –
- I. Speech/Audiology Services –
- J. Psychological Services –

II. Habilitative Services – Comprehensive Functional Assessment(s) –

III. Individual Program Plan

- A. Plan of Active Treatment Services, IPP –
- B. Discharge Plan –
- C. Implementation –
- D. Individual Progress –

ICF/MR Summary Report
Address
Dates of Review

IV. Monitoring/Review

A. QMRP –

B. Quarterly by Team –

C. Annually –

V. Other General Recommendations/Findings

VI. Recommendations/Findings for Specific Individuals

VII. Concerns

Those attending Exit Meeting: